



PUBLIC HEALTH

Connections

Bureau of Community Health Systems

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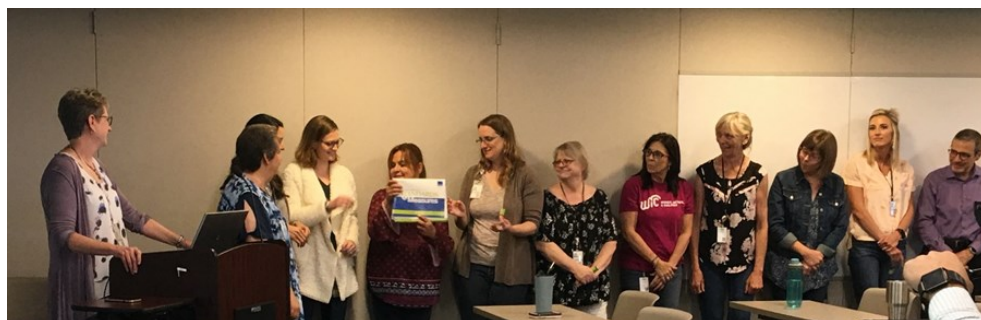
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Shawnee County Health Department Submits Accreditation Documentation



Congratulations to the Shawnee County Health Department for recently submitting their documentation for accreditation! The submission of documentation to the Public Health Accreditation Board (PHAB) is an incredible achievement that demonstrates the health department's commitment to improving and protecting the health of their residents by advancing and transforming the quality and performance of their agency. Shawnee County Health

Department was required to submit over two hundred documents to demonstrate their conformity with one hundred measures. The submission of these documents was successful due to the dedication and leadership of the agency staff; the accreditation team; Edith Gaines, the Accreditation Coordinator; and Linda Ochs, the Director of Shawnee County Health Department. In recognition of the contribution of all staff members to the health department's work and accreditation process, Shawnee County Health Department had a celebration when they submitted the documentation. The staff passed a copy of the PHAB Standards & Measures to signify the contribution of each staff member. When the Standards & Measures finished with the health department director, Linda Ochs, she submitted the documentation to PHAB.



Hep A and Meningococcal Vaccines to be required for 2019-20 School Year

by the Kansas Department of Health and Environment

Two new vaccines will be required for school-age children for the 2019-20 School Year: Meningococcal and Hepatitis A. KDHE proposed changes to the vaccine requirement regulations earlier this year and held a public hearing concluding a 60-day public comment period in June. The regulations were approved by KDHE and will go into effect on August 2.

"We received many comments and input from all viewpoints," KDHE Secretary Lee Norman said. "We listened and read all of the input and concerns submitted to us. We looked at the evidence. Both Meningitis and Hepatitis A illnesses are severe and preventable, and the safety profile of the vaccines is well-recognized. As an agency charged to establish policies that protect and improve the lives of Kansans, we felt the addition of the two vaccines was essential for the health and safety of our state."

Changes for 2019-20 School Year

- Students entering **Kindergarten and Grade 1** for the 2019 -2020 school year now need two doses of the **hepatitis A vaccine**.
- Students entering **Grade 7** for the 2019-2020 school year need one dose of the **meningococcal ACWY vaccine**.

Students entering **Grade 11** need one dose of the **meningococcal ACWY vaccine** if not vaccinated prior to their 16th birthday. They will need two doses if their first dose was before their 16th birthday.

Vaccine requirements for schools can be found online at: <http://www.kdheks.gov/immunize/schoolInfo.htm>.

About the Vaccines

Meningococcal ACWY Vaccine

The meningococcal ACWY vaccine protects against meningococcal disease. Meningococcal disease has two common outcomes: meningitis (infection of the lining of the brain and spinal cord) and bloodstream infections. The bacteria that cause meningococcal disease spread through the exchange of nose and throat droplets, such as when coughing, sneezing, or kissing. Symptoms include sudden onset of fever, headache, and stiff neck. With bloodstream infection, symptoms also include a dark purple rash. About one of every 10 people who gets the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes.

Hepatitis A Vaccine

The hepatitis A vaccine protects against the hepatitis A virus. The virus is spread primarily person to person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms can include fever, tiredness, poor appetite, vomiting, stomach pain and sometimes jaundice (when skin and eyes turn yellow). An infected person may have no symptoms, may have mild illness for a week or two, may have severe illness for several months, or may rarely develop liver failure and die from the infection. In the U.S., about 100 people a year die from hepatitis A.

Exemptions from Vaccines

There are exemptions to vaccines. In accordance with KSA 72-6262, legal alternatives to vaccination requirements include medical contraindications and religious beliefs. The medical exemptions signed by a medical clinician must be submitted on an annual basis by the family/guardian of the student. There could also be instances in which a person has a religious belief that prevents them from receiving a particular vaccination. The parent/guardian of the student must submit a written statement indicating they are adherent of a religious denomination whose religious teachings are opposed to such vaccination. The school board or governing body for nonpublic schools are responsible for ensuring compliance with the regulations and statutes.

Video segments of Secretary Norman speaking regarding the vaccines are available for download and broadcast at: <http://www.kdheks.gov/media/>.



Regional Public Health Meetings

by Cristi Cain, Local Public Health Program, Bureau

The regional public health meetings for the second quarter of 2019 offer a variety of useful information. The meetings are designed to connect local health departments with programs and best practices that will benefit the work you do within your communities.

You can register for the meeting on KS-TRAIN at <http://ks.train.org>, KS-TRAIN [Course # 1085576](#)

The agenda includes the following:
Meningococcal Disease and Prevalence, Jill Spader, Public Account Manager Kansas, GlaxoSmithKline (GSK); **Child Abuse/Neglect Intake, Investigation and Assessment**, Regional staff with Kansas Department for Children and Families (DCF); **2011-2017 Kansas Local Behavioral Risk Factor Surveillance System (BRFSS)**, Pratik Pandya, Advanced Epidemiologist, KDHE Bureau of Health Promotion; **Where Should We Start? A Conversation About Kansas Public Health Statutes**, Cristi Cain, Director, Local Public Health Program, KDHE.

The dates and locations for the meetings are:

- Northeast Region, Topeka, July 25
- South Central Region, Hutchinson, Aug. 7
- Southwest Region, Garden City, Aug. 14
- Northwest Region, Oakley, Aug. 15
- North Central Region, Beloit, Aug. 28

Green & Healthy Homes Initiative Release Lead Funding Toolkit

by CDC Lead Poisoning Prevention Program

The Green & Healthy Homes Initiative (GHHI) released a Lead Funding Toolkit: a publicly-available, web-based practitioner's guide including over 40 **sources of funding for residential lead inspection, lead-based paint hazard remediation, lead service line replacement and soil remediation.**

The Lead Funding Toolkit on the GHHI website outlines specific strategies for leveraging and deploying private, public and philanthropic lead funding in your jurisdiction. The Toolkit includes proven lead funding solutions and innovations on the horizon to help make your community a leader in finding sustainable support for lead hazard remediation of homes and to eliminate the life-long impact of childhood lead exposure.

The Funding Toolkit was developed to share information about all the potential funding sources for lead hazard reduction and how to pursue that funding. This dynamic Lead Funding Toolkit can be used to:

- Identify funding sources to finance lead inspections and remediation of residential lead hazards
- Learn Strategic Implementation Actions needed to access the funding sources
- Explore Successful Best Practice Examples from around the country
- Use Planning Tools to assess local gaps, set funding goals and create a road map to access, secure and deploy additional lead hazard remediation funding to fill those gaps

Lead Funding Toolkit

<https://www.greenandhealthyhomes.org/ghhi-toolkits/>



Teri Caudle

Teri Caudle Retires from KDHE

Teri Caudle, Public Health Nurse Specialist with the Local Public Health Program and Statewide Farmworker Health Program in the Bureau of Community Health Systems has retired after 14 years at KDHE. She previously worked in the Bureau of Health Promotion in the Diabetes and Prevention Program. Her last day was Tuesday, July 9. Questions or concerns that were previously sent to Teri can be sent to Cristi Cain at cristi.cain@ks.gov.

KDHE Names State Oral Health Officer



Dr. Dayna Brinckman

The Kansas Department of Health and Environment (KDHE) recently announced that Dayna Brinckman, DDS, CHCEF, has been named as the State

Oral Health Officer. This position had previously been vacant.

"We are excited to welcome Dayna to our agency. She brings a wealth of knowledge and outreach experience which will benefit our state greatly," said Lee Norman, KDHE Secretary.

Brinckman received her Doctor of Dental Surgery degree from the University of Missouri, School of Dentistry, and her bachelor's degree from the University of Kansas.

Brinckman previously served as the Chief Dental Officer for the Health Partnership Clinic in

Kansas Childhood Lead Poisoning Prevention Program Announcements

Online Training Course

The KDHE: Blood Lead Sampling and Submission Process Online Training Course (#1085448) is now available through KS-TRAIN at <https://www.train.org/ks/home>. This course provides a general overview of the Blood Lead Sampling and Submission Process and recent changes for requesting testing supplies through the Kansas Health and Environmental Laboratory. It is intended for environmental health and local health professionals as an informational resource.

Funding Available for Training

The Kansas Childhood Lead Poisoning Prevention Program is offering funding to increase the number of certified Lead-Based Paint Inspectors, Lead Hazard Risk Assessors, and Elevated Blood Lead Investigators throughout Kansas. To learn more about the project, who is eligible to apply for funding, how to apply, and what training is offered, visit <http://www.kdheks.gov/epi/CLPPP.htm>.

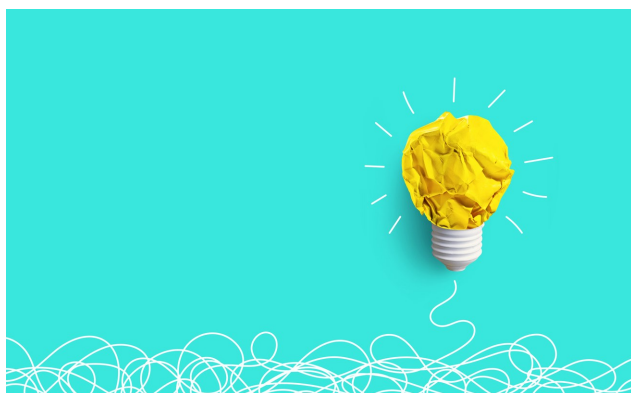


Childhood
**LEAD POISONING
PREVENTION**

A PROGRAM OF THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT



Building Systems Thinking Skills in Kansas



Recent public health workforce literature has pointed to the importance of systems thinking skills. The National Workforce Consortium/de Beaumont Foundation, [defined](#) systems thinking skills as the ability to “grasp patterns and relationships to understand systems contributing to public health problems and identify high impact interventions.”

Julia Ross, [a systems thinking expert](#), recognized the importance of systems thinking approaches and methodologies: “Using a systems thinking approach

will help to anticipate unintended consequences, engage multiple stakeholders in addressing the issues, and communicate about the nature of the problem and ways to address it that encourage accountability and avoid blame.”

Two teams from Kansas were selected to participate in the National Network of Public Health Initiatives (NNPHI) Strategic Scholars Program; the teams selected to participate include a team from Reno County Health Department and a cross-agency team from the Kansas Association of Local Health Departments, the Kansas Department of Health and Environment, and Wichita State University’s Center for Public Health Initiatives. Three members from each team received a scholarship to attend a workshop on systems thinking and the Public Health Improvement Training in June 2019. The teams identified an issue for an ongoing project that will use the systems thinking approach.

If you are interested in learning more about systems thinking skills and how your agency might employ systems thinking skills, “[The Dawn of System Leadership](#)” is a valuable resource. As outlined in the article, systems leaders have three core capabilities: the ability to see the large system, the ability to lead shared reflection, and the ability to shift the focus from reacting to problems to creating the future. Senge, Hamilton and Kania also detail three gateways for becoming a system leader:

- Redirect attention and identify connections
- Create space for change and allow collective intelligence to emerge
- Practice, practice, practice.

Learn more about being a system leader through “The Dawn of System Leadership” [article](#).

Children Staying Home Alone During Summer Break

by Safe Kids Kansas



The summer months mean a welcome break from school for Kansas kids, but they also signal a shift in the family's daily routine. Families may be considering leaving children home alone during the summer, instead of opting for a sitter. Safe Kids Kansas, the Kansas Department for Children and Families (DCF) and the Kansas Department of Health and Environment (KDHE) have some tips on how to decide if your child is ready to be home alone and safety tips for those who are home alone.

"Developmentally, children are generally ready to be home alone around the age of 12 or 13," said Cherie Sage, State Director of Safe Kids Kansas. "However, children develop at different rates, so use your own discretion to determine your child's maturity level and capabilities. For example, if you have an impulsive 13-year-old who is a big risk taker, you might be hesitant to leave him/her alone. On the other hand, a thoughtful 11-year-old, who has a good track record of following household rules might be ready. Most states, including Kansas, don't have regulations or laws about when a child is considered old enough to stay at home alone or babysit another child."

DCF has some general guidelines to help you make the decision when your child is ready to be home alone:

- **Age**—Young children through age six, should never be left alone for even a short period of time. Kids six to nine can be left alone for only short periods of time. Children 10 and older can be left alone, depending on other factors.
- **Length of time alone**—Consider whether your child is ready to spend the whole day alone or if only a couple of hours is more appropriate.
- **Maturity**—Consider your child's ability to fend for himself/herself and your child's level of common sense.
- **Knowledge of emergency preparedness**—Ask your child if he/she knows what to do in the event of a fire, tornado, stranger at the door, etc.
- **Availability of adults**—Children must know how to reach a responsible adult at any point in the day for any reason.
- **Insecurity**—Children should feel comfortable with the idea that they will be home alone.
- **Behavior**—Children who misbehave, vandalize, steal, intimidate neighbors, set fires or are a danger to themselves need close supervision.

Safe Kids Kansas also recommends parents take the following precautions to ensure your child's safety:

- Carry a cell phone and keep it turned on. In addition to your cell phone number, post emergency numbers.
- Prepare a snack or meal in advance — preferably one that does not need to be heated.
- Make sure potentially poisonous or hazardous household items are locked up
- Review and practice your family's emergency plans.

Firearm Violence in the United States



Latest statistics show 16% of deaths in Kansas resulted from firearms, which is higher than the U.S. average.

Nearly 70% of gun deaths in Kansas are suicides, and nearly 53% of all suicide deaths in Kansas involve firearms.

Guns are the third-leading cause of death for Kansas children ages 1–17.

Black men make up less than 4% of Kansas's population, but account for nearly a third of the state's gun homicide victims.

Source: [Giffords Law Center](#)

How do we stop losing 40,000 Americans—which is more than the number of people killed in motor vehicle accidents—each year to firearm violence” was the focus question of the *Firearm Violence in the United States: A Frank Discussion on an American Public Health Crisis* event. The event was held May 17 at the University of Kansas Medical Center in Kansas City, Kansas. Robert Winfield, MD, the event organizer, said gun violence is a public health issue. “It’s not gun versus no guns. That’s a false dichotomy. We need to focus on the endpoint: people injured and dying. Gun violence is a very complex public health problem with deep roots.” Winfield said society needs to address how race, poverty, and inequality link to firearm violence. In addition, Winfield introduced other presenters, who also advocated for safe gun storage, research, more effective legislation, and education as solutions to firearm violence. Here are presentation excerpts:



Photographer of *SHOT: 101 Survivors of Gun Violence in America*, Kathy Shorr displayed images from her book and said, “Two weeks on Twitter isn’t working. We’ve become numb to stories about shootings and it’s not enough to stir people.” Her response, she said, was to archive gun violence stories for research. See examples on her [website, Shot We the People](#).



Shot at age 17, Joseph Sakran, MD, MPH, FACS, uses his victim experience in his medical practice at Johns Hopkins University. Sakran said health providers need to focus on suicides because “A lot bypass the health care system—they go right to medical examiner’s office. Since 2007, we have seen an increase in firearm-related suicides and it is going up. We’re seeing more older, white male suicides versus the young black male homicides. We know when you try to commit suicide by firearm, fatality rate is extremely high. When you make that decision and do it, 70 percent happen in an hour. This is why it is critical to engage community members before and when someone makes that decision.” Find out more at Sakran’s This Is Our Lane [Twitter account](#) that proposes solutions to prevent firearm injury and death.



Tanya Zakrison, MD, MPH, associate professor of surgery at University of Chicago Medicine, said two-thirds of gun deaths are adult suicides and a “tiny proportionate are the homicides that don’t make it to the media and school shootings.” Research shows, Zakrison said, that rather than confer protection, guns in homes are associated with increase in risk of homicides by a family members or intimate acquaintance. She also said, “Background checks aren’t effective and locking up the bad guys is doing nothing to stop gun violence.” Research remains scant on gun violence, which Zakrison attributed in part to the National Rifle Association, a corporate lobbying group comprised of only 5 percent of U.S. gun owners. “There’s a big profit made on gun violence, and the NRA represents gun companies and influences U.S. funding of research.” To cure the situation, view violence as a disease, she said. “Look toward determinants of health and the meeting of basic needs as solutions.”

Webinar – 1st Anniversary of the HUD Smoke-Free Housing Rule: Successes, Challenges, and Next Steps – July 23

Join the Public Health Law Center for a webinar marking the first anniversary of the implementation of a U.S. Department of Housing and Urban Development (HUD) rule prohibiting smoking in public housing. In this webinar, public health and housing law experts will provide an overview of the HUD rule, highlight legal issues that have arisen since implementation, and discuss what's next for smoke-free housing. The webinar will be held on July 23, 11 a.m. For additional information and to register, visit the Public Health Law Center [website](#).

Kansas Awarded Pediatric Mental Health Grant

by the Kansas Department of Health and Environment



The Kansas Department of Health and Environment (KDHE) is excited to announce that Kansas is one of three applicants to be awarded a Pediatric Mental Health Care Access grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). This grant, in partnership with the Kansas Department on Aging and Disability Services (KDADS), the University of Kansas Medical Center Medicine-Wichita and the University of Kansas Center for Public Partnerships and Research, will establish a statewide infrastructure to meet the behavioral health needs of Kansas youth ages birth to 21 years.

“This opportunity positions Kansas to take a unified approach to the delivery of behavioral health services,” said KDHE Secretary Lee Norman. “We’re planning to establish stronger supports for the workforce by increasing access to patient-centered mental health training and establishing a tele-mentoring learning community using the case-based Extension for Community Healthcare Outcomes (ECHO) platform. We are dedicated to implementing an approach to ensure children and youth have access to the right services at the right time and place, regardless of where they live.”

The Kansas project, referred to as KSKidsMAP to Mental Wellness (KSKidsMAP), will increase primary care providers’ capacity to screen, diagnose and treat children and adolescents with uncomplicated mental illness. It will also support primary care providers in treatment of children and adolescents with behavioral health conditions through development of a centralized access point, a phone/email support line (Warm Line), and providing access to consultation with the expert team or referral. KSKidsMAP will also improve access through telehealth technologies, modalities and care models for treatment and referral, especially for those in rural and under-served areas.

This four-year grant will bring in nearly \$1.8 million to Kansas. The program will utilize established tools, enhance existing provider networks to ensure effective service delivery, and collaborate with partners to leverage resources to support project activities. Additionally, coordination and evaluation of the project will be conducted in partnership with the University of Kansas Center for Public Partnerships and Research (KU-CPPR) to ensure accountability through quality improvement and performance monitoring.

The project period is anticipated to begin July 1. Grant writing support for the application was provided in part by KU-CPPR and the Kansas Health Foundation.



How Disaster Warnings Can Get Your Attention

by *Stateline*, an initiative of The Pew Charitable Trusts

Gerardo Ramirez, a central Texas dairy worker, was near his home but taking an unusual route to a children's hospital in April when he drove his Volkswagen Jetta into a flooded section of road, not seeing in the pre-dawn dark that heavy rains had turned a tiny creek into a death trap. Ramirez survived, but his wife and two children drowned.

In March, 800 miles away in Lee County, Alabama, 23 people ranging in age from 6 to 93 were killed in a 170 mph tornado — despite an evacuation warning by local authorities just like ones that many residents had heeded in previous storms this year.

The deadly situations illustrate what experts increasingly see as two common reasons for unnecessary storm deaths: unfamiliar terrain that leads to bad decisions, and people ignoring too-familiar warnings that haven't panned out in the past.

Harnessing new prediction technology, federal authorities hope to sharpen the disaster warnings they send directly to cellphones, as well as to state and county emergency managers, to make the warnings faster and clearer about life-threatening conditions. They want to alert people like the Ramirez family who may be on unfamiliar terrain as unexpected disasters like flash floods, tornadoes or wildfires unfold.

At the same time, social scientists working for the federal government are interviewing storm survivors like those in Lee County, gathering information for future advances in disaster warnings to combat “response fatigue” that can wear down people's sense of urgency, as apparently happened in Alabama.

To try to prompt residents to take action, in September, the National Weather Service will change flash flood warnings to specifically mention if the threat is “considerable” or “catastrophic,” said Daniel Roman, a Maryland-based hydrologist at the National Weather Service.

Impact-based warnings are already in place for tornadoes. The National Weather Service concluded that shorter, more specific warnings would prompt more people to protect themselves, and the warnings went national in 2018 after a demonstration project in the South.

But not everyone agrees. Klockow McClain, who is both a meteorologist and a social scientist stationed in Oklahoma for the National Severe Storms Laboratory, is a skeptic about impact-based warnings, calling them “fear-based.”

Read the full story [here](#).



Unleash the Power of Innovation by Incorporating 11 Ingredients Into Your Culture

by Grace G. Gorenflo

This article has been adapted from the Journal of Public Health Management & Practice Blog. Access the full article [here](#).

The Public Health National Center for Innovations (PHNCI), a division of the Public Health Accreditation Board, held the Public Health Innovation Summit and Showcase March 26-27, 2019 in Philadelphia, PA – a first-of-its-kind national meeting to help advance innovation in governmental public health practice. As the presenters spoke, it became clear that innovations in any sector require not only novel ideas, but also an organizational culture that brings the ideas to fruition.

So, what does it take to establish and sustain that culture? We have identified 11 ingredients for innovation, based on lessons shared by the [Center for Court Innovation](#) and affirmed by others who participated in the Summit. Some may seem obvious and others counter-intuitive, but all require a leadership commitment to generating innovation.

1. Be comfortable with uncertainty.
2. Encourage risk-taking.
3. Value failure.
4. Engage frontline staff.
5. Co-produce
6. Secure passion and commitment.
7. Practice radical incrementalism.
8. Commit to relentless iteration.
9. Document, evaluate and disseminate.
10. Share mixed results.
11. Don't rely solely on data.

Unleash the power of innovation by incorporating these ingredients into your culture – and be sure to share the results with PHNCI and the practice community!



Training and Upcoming Events

KDHE: Blood Lead Sampling and Submission Process Online Training Course (#1085448)

is now available through KS-TRAIN at <https://www.train.org/ks/home>. This course provides a general overview of the Blood Lead Sampling and Submission Process and recent changes for requesting testing supplies through the Kansas Health and Environmental Laboratory. It is intended for environmental health and local health professionals as an informational resource.

Heartland Conference on Health Equity and Patient Centered Care – August 6 & 7

The Heartland Conference on Health Equity and Patient Centered Care will be held in Overland Park on August 6 and 7. The conference highlights community - academic partnerships and encourages open discussion among academic health centers, community health workers, faith-based community, and community-based service organizations. Participants will engage with other regional health researchers, community-based organizations, and public health professionals to address health equity in our communities and region.

The objectives for the 2019 conference are: to develop health focused partnerships; to explore strategies to preserve the health of our communities; to understand perspectives to address community and population health; to provide opportunities for community health workers to grow and develop; and to highlight patients and families as health care partners. To view the conference agenda, click [here](#).

Registration for the event is \$150 before July 31 and \$250 after July 31. To register for the event, visit the [website](#).

NHRA Rural Health Fellows Program – Apply by August 27

NRHA's Rural Health Fellows program is a yearlong, intensive training program that develops leaders who can articulate a clear and compelling vision for rural America. Each year, NRHA selects 10 to 15 highly motivated individuals who have proven their dedication to improving the health of rural Americans through their educational or professional experience. The goal of the fellows program is to educate, develop and inspire a networked community of rural health leaders who will step forward to serve in key positions in the National Rural Health Association, affiliated rural health advocacy groups and local and state legislative bodies.

NRHA's Rural Health Fellows meet in person three times throughout the year to undergo intensive leadership and advocacy training. In addition, fellows take part in monthly conference calls to supplement their training, receive updates on legislative and regulatory concerns that impact rural health, and participate in a mentorship program with current members of NRHA's Board of Trustees. Fellows should be committed to advocating on behalf of rural health and should be dedicated to NRHA's mission.

There is no program fee, but applicants must have a sponsor (employer, corporate or self) to cover all travel and lodging costs for attending the three in-person sessions (Two will be held in Washington, D.C. and one will be held in San Diego, California). For additional information on the eligibility requirements and the program contents, visit the [webpage](#). The deadline for applications is August 27.

Enroll in a Badge Course for Fall 2019!



Wichita State University's online Badge courses are designed for working professionals looking to increase their knowledge and gain new skills.

Enrollment is now open for the fall semester! Apply, be admitted and enroll in a badge course by Monday, September 9 to be eligible for a scholarship for one badge course (fall semester only).

You can begin badge courses between August 19 – November 19. All badge coursework must be complete by December 5.

What Are Badges?

Badges are academic short courses of one credit hour or less that are designed for working, non-degree seeking professionals. They are online and self-paced. Badges allow students to demonstrate to employers their knowledge, skills and competencies in a subject area. Students who successfully complete a badge will receive a digital recognition of their accomplishment that they can share on social media and link to a digital resume.

Badges of particular interest to healthcare professionals include:

- Care of Populations: Public Health
- Anatomy & Physiology of Lactation
- School Health: Disparities, Child Development, and Nutritional Needs of School-Aged Children
- Medical Terminology
- Creative Interventions

For a complete listing of available courses visit: badges.wichita.edu/badgecatalog

Visit the badges.wichita.edu for more details. For questions, contact Keshia Ezerendu at 316-978-7579 or workforce@wichita.edu.

Webinar – Using a Health in All Policies Approach for Lead Poisoning Prevention – July 25

The National Association of County & City Health Officials (NACCHO) will host a webinar on using a Health in All Policies (HiAP) approach for lead poisoning prevention on July 25, 1 p.m. Participants will hear from two Louisville Metro Public Health and Wellness departments, the Office of Health Equity and Environmental Health and Preparedness. The presentation will cover Louisville's HiAP work generally, and how it was applied to lead prevention. Register [online](#) to participate.

WorkWell KS 2019 Tobacco Initiative!



Want help getting your worksite to be tobacco-free, and to help tobacco users quit? Even if you do not currently have any tobacco-using employees, WorkWell KS can help!

Join the WorkWell KS (WWKS) 2019 Tobacco Initiative and let their team help with your tobacco efforts. Costs are paid for by the Kansas Health Foundation, so there is no cost to your worksite. There is no workshop to attend, and the strategies have already been developed. You just need to roll them out to your worksite!

Even if you have a tobacco policy in place, WWKS can help bolster your efforts!

WorkWell KS 2019's goals are to help worksites reduce tobacco usage, increase quit attempts, and make it easier for employees (and customers/guests/patients/students) to avoid tobacco and secondhand smoke exposure at your worksite.

Why does your worksite need to address tobacco?

- Reduced worksite costs - Smokers cost employers \$5,816 in annual excess cost than non-smokers (Berman et al., 2014).
- Improved productivity - "Current smokers" experienced highest productivity losses (\$4,430), compared to "former smokers" (\$3,246), and "non-smokers" (\$2,623/year) (Bunnet al., 2006).
- Reduced absenteeism.
- Improved overall morale and staff retention.
- Safer, healthier work environment.
 - Those who want to quit may have greater motivation.
 - Most employees appreciate having clear company policy.
 - Managers appreciate having a defined process for dealing with tobacco at work.
- By not improving your tobacco culture, your worksite is indirectly promoting the activity.

For more information and/or to sign up, please contact Allison Honn at ahonn@kumc.edu or 316-293-2613.

Webinar: Cancer Survivor Wellness Programs in Rural Communities

The National Association of Chronic Disease Directors and the Comprehensive Cancer Control Branch of the CDC's Division of Cancer Prevention and Control are pleased to invite you to a special webinar presentation to share results of efforts in "Developing Cancer Survivor Wellness Programs" in rural communities, **August 13 from 1 - 2:30 P.M. ET**. This work addresses gaps in the delivery of comprehensive survivorship wellness programs, focusing specifically on delivery of evidence-based wellness interventions for cancer survivors living in rural communities. Five projects will present their experiences and outcomes in implementing multi-component wellness programs to address physical activity, nutrition, tobacco cessation, and mental health for cancer survivors in rural communities located in Indiana, Kansas, Nebraska, Louisiana, and Mississippi. Presenters will specifically speak to the successes and challenges they experienced in conducting needs assessment, engaging partners, identifying evidence-based interventions suited to rural populations and collecting data to measure outcomes.

Please reserve your place at the webinar by clicking the link below:

<https://attendee.gotowebinar.com/register/4563251832057285890>



Never leave a child alone in a car.



Help Protect Kids from Heatstroke by Remembering to ACT



Avoid heatstroke by never leaving a child alone in a vehicle.



Create reminders, such as placing a purse or phone in the backseat while traveling with your child.



Take action if you see a child alone in a vehicle by calling 911.

For more information, visit www.safekidskansas.org.

Sponsored in part by the Kansas Department of Health and Environment

Join us for the 2019

Sizzling Summer Series

Presented by the University of Nebraska Medical Center Office of Public Health Practice, in partnership with the Midwestern Public Health Training Center and the Nebraska Association of Local Health Directors

This year's three-part webinar series will focus on enhancing your persuasive communication skills – diving deeper into this cross-cutting skill set during the months of June, July and August.

PART ONE

June 10 | 12 – 1 p.m. CDT
or
June 24 | 3 – 4 p.m. CDT

Introduction to Persuasion and Negotiation

Take the opportunity to reconceptualize how you think about persuasion and negotiation. This call will focus on increasing your confidence in conflict and negotiations, and serve as the basis for upcoming calls.

To register:

June 10: <https://unmc.zoom.us/joining/register/63ceca2c7cb8ce90d746f627e8486654>

June 24: <https://unmc.zoom.us/joining/register/d0e4deb72a1c9c664ac87b605f06faf5>

PART TWO

July 8 | 12 – 1 p.m. CDT
or
July 22 | 3 – 4 p.m. CDT

The Psychology of Persuasion

This second webinar of the series will take a deep dive into the psychology behind persuasion. We will discuss barriers to handling conflict and look at several persuasion personality types.

To register:

July 8: <https://unmc.zoom.us/joining/register/810fa29138ff5fb466858a512be5123a>

July 22: <https://unmc.zoom.us/joining/register/30f0ea8b057f5c0c7c24e00bf0acd2b8>

PART THREE

Aug. 12 | 12 – 1 p.m. CDT
or
Aug. 26 | 3 – 4 p.m. CDT

Finding Confidence in Conflict

This final opportunity will provide strategies for successful conflict management and persuasion.

To register:

Aug. 12: <https://unmc.zoom.us/joining/register/4074fe64649e77384ac87b605f06faf5>

Aug. 26: <https://unmc.zoom.us/joining/register/e768ca512e3adb927510d14dfe9e911>



Speaker: Kwame Christian, Esq., M.A.

Kwame is the director of the American Negotiation Institute where he conducts negotiation and conflict management workshops around the country. As an attorney and mediator with a bachelor's of arts in psychology, a master of public policy, and a law degree, he brings a unique multidisciplinary approach to making difficult conversations easier. In addition to his role with the American Negotiation Institute, Kwame also serves as a professor at The Ohio State University Moritz College of Law and Otterbein University's MBA program.

Kwame is the author of the best-selling book, *Nobody will Play with Me: How to Use Compassionate Curiosity to Find Confidence in Conflict*, and his TEDx Talk, *Finding Confidence in Conflict*, was the most popular TED Talk on the topic of conflict of 2017. He also hosts the top negotiation podcast in the world, *Negotiate Anything*. The show has been downloaded more than 600,000 times and has listeners in 181 different countries.



We welcome anyone in the public health workforce, at any level – especially practitioners in Missouri, Iowa, Nebraska and Kansas – to join us for the discussion and learning.

Funding Opportunity for Cross-Sector Collaboration to Improve Health – Coming Soon



Complex health problems facing communities today require creative solutions that can impact the root causes that deprive many people of the opportunity to reach their best health potential. Addressing these issues requires partnerships that work across different sectors, leverage an array of expertise and resources, and develop synergistic solutions that are more powerful than what is possible by working alone. The Cross-sector Innovation Initiative (CSII) is a three-year endeavor, led jointly by the Center for Sharing Public Health Services (CSPHS) and PHNCI, and funded by the Robert Wood Johnson

Foundation. CSII is designed to support partnerships among public health, healthcare, and social service sectors to improve population health, wellbeing, and equity for all. The CSII will examine the unique role of public health in fostering work across multiple sectors addressing social determinants of health and health equity.

The CSII will release a Call for Proposals (CFP) in late July 2019 for collaborations aimed at aligning public health, healthcare, and social services to improve community-wide population health. Brief applications will be due about six weeks after the CFP is released. Selected applicants will be invited to present a second, more detailed application. Up to 10 grantees will be selected and granted awards of up to \$150,000 each for projects that will last between 18 and 24 months, starting in early 2020.

Eligible applicants must be part of established collaborations, although it is anticipated that selected collaborations will have reached different levels of maturity. The collaborations must include, at a minimum, partners from multiple organizations representing public health, healthcare, and social services. Applicants may be governmental or non-profit organizations from the public health, healthcare, or social services sectors and one or more health departments must have a leading or prominent role in the collaboration.

All grantees will participate in a learning community designed to promote peer-to-peer exchange and foster knowledge transfer throughout the project period. While the CFP will not specify topics or categories of work, grantees will be required to work collaboratively to address at least one root cause or social determinant of health, based on an identified community need or priority, that will lead to improvements in population health. In addition, grantees will be required to intentionally move collaborations beyond single-focused, time-limited projects towards working in alignment to institutionalize collaborative efforts as a way of doing business to promote population health and impact health equity.

Interested? Stay tuned to the CSPHS and PHNCI for the release of the CFP later this summer and start the ball rolling by discussing the opportunity with your partners.

News and Resources

Kansas Supreme Court upholds Topeka's ban on tobacco sales to under 21 customers

The Kansas Supreme Court issued an opinion Friday reversing a Shawnee County District Court's injunction blocking enforcement of a Topeka ordinance banning the sale of cigarettes and other tobacco products to people under 21. In an opinion written by Justice Caleb Stegall, the Supreme Court held the ordinance to be a valid exercise of the city government's home rule power within framework of the Kansas Constitution. Two dozen municipalities in Kansas, including Topeka, and more than 475 cities and counties in the United States have passed ordinances setting the age for buying tobacco products at 21. Additional information on this ruling is available [here](#).



Job Postings

Harper County Health Department
[Interpreter for Health Department](#)
[Full Time Attendant Care Provider](#)

Harvey County Health Department
[Customer Service Representative I](#)

Hodgeman County Health Department
[Health Department Staff Nurse \(RN\)](#)

McPherson County Health Department
[Receptionist/Clerk I](#)
[Registered Nurse - Public Health](#)

Pottawatomie County Health Department
[Childcare Surveyor](#)

Riley County Health Department
[Public Health Nurse - Clinic](#)
[Maternal Child Health Home Visitor](#)
[Chronic Disease Risk Reduction Coordinator](#)

SEK Multi-County Health Departments
[Regional Public Health Preparedness Coordinator](#)

Shawnee County Health Department
[Registered Nurse \(Nurse - Family Partnership\)](#)